

12 - Physicians Surgery Center of Frederick

Report ID: ST8000 - Physician Case Count Trending Analysis

Run Date: 6/16/2021 10:50 AM

Page: 1 of 1

Printing Selection: Beginning Month=1 Beginning Year=2020 Show Physician ID=No Include Unbilled cases=No

Sort By: Physician Name

Group By: Physician Specialty 1

Physician	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Totals
	Count %												
Harris, Christine K	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1
Horton, Steven A	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Subtotals:	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Ophthalmology													
Henry, J. Christopher	1	0.40	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1
Pillar Topaloglu,	4	1.59	3	2.86	7	4.17	0	0.00	0	0.00	0	0.00	14
Thadani, Sunil M	69	27.38	22	20.95	32	19.05	0	0.00	9	11.84	51	22.08	63
Subtotals:	74	29.37	25	23.81	39	23.21	0	0.00	9	11.84	53	22.94	63
Orthopaedics													
Gupta, Rishi R	5	1.98	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	5
Levine, Matthew J	16	6.35	6	5.71	17	10.12	5	22.73	2	2.63	22	9.52	20
Nesbitt Sifton, Kristin	79	31.35	41	39.05	58	34.52	6	27.27	23	30.26	62	26.84	63
Steinberg, James M	25	9.92	11	10.48	15	8.93	2	9.09	13	17.11	25	10.82	25
Walsh, Cory T	3	1.19	2	1.90	1	0.60	1	4.55	4	5.26	2	0.87	0
Subtotals:	128	50.79	60	57.14	91	54.17	14	63.64	42	55.26	111	48.05	108
Plastics/Reconstructive													
Andochick, Scott E	8	3.17	2	1.90	4	2.38	3	13.64	2	2.63	27	11.69	3
Medinski, Adam M	42	16.67	18	17.14	34	20.24	5	22.73	22	28.95	40	17.32	46
Subtotals:	50	19.84	20	19.05	38	22.62	8	36.36	24	31.58	67	29.00	49
Grand Totals:	252	105	168	22	76	231	220	188	204	213	172	232	2083

ATT.H

Physicians Surgery Center of Frederick

Origination: 01/2004
Effective: 04/2021
Last Approved: 04/2021
Last Revised: 04/2021
Next Review: 04/2024
Owner: Shannon Magro: Administrator
Policy Area: Financial
References:

Charity Care

POLICY:

The Facility Administrator or Business Office Manager will review each request for charity care and approval will be based on criteria outlined in this policy. Guidelines for determining charity care criteria will be approved by the Facility Board of Managers.

PURPOSE:

To establish consistent eligibility requirements for patients requesting part or all of their balances for services rendered by the Facility to be written off as charity care.

SCOPE:

All patients requesting part or all of their accounts to be written off as charity care will be reviewed on a case-by-case basis.

PROCEDURE:

DOCUMENTATION

- A. Every patient requesting charity care write-offs must complete a Financial Assistance Form (found in the Appendix) and attach any and all applicable documentation. Upon receipt of information needed a probable eligibility determination will be made within two business days, and the patient notified. Patients are requested to apply prior to receiving service. Applications will not be considered more than ninety (90) days after insurance pays. Refunds of amounts paid prior to application approval will not be made.
- B. Income verification will be required by one or more of the following: pay stubs, W-2 forms, tax returns, an employer written statement, etc. Other documentation required includes but is not limited to copies of the following:
 1. Medical bills
 2. Utility bills
 3. Car payment stubs
 4. Rent receipts
 5. Bank statements
 6. Alimony/child support receipts
 7. Government assistance receipts

8. Other income/investment statements (e.g. 401K)

- C. Each application will be considered for a specified amount. The approval of an application will not be considered as an approval for any or all future accounts. Each application will require new verification information to be considered for charity.

APPROVAL PROCESS

- A. The Facility Administrator must approve all balances to be written off as Charity Care.
- B. Each patient applying for charity care must make a good faith effort, as determined by the Facility, to obtain coverage from available public assistance programs such as:
1. Medicare
 2. Medicaid
 3. Vocational rehabilitation
 4. Victims of Crime
 5. Children Special Services
 6. Church program
7. If the patient has been denied public assistance they must supply documentation denying eligibility.
8. A patient who refuses to apply or follow through with applications for other assistance will not be eligible for charity care.
- C. Medicaid patients who meet our financial guidelines and receive services determined to be non-covered by Medicaid will be deemed covered expense for charity care and will not require the application process.
- D. In the case of patients who are faced with catastrophically large medical bills, the Facility Administrator may make a discretionary recommendation that the patient is medically indigent and thus is eligible for charity care. This determination will be made on a case-by-case basis and will require verification of all medical expenses.
- E. If patients do not qualify for medical assistance through the state or Facility charity care guidelines, refer to FINBO.06 – Discounts for Self-Pays and Uninsured Patients.
- F. Patients whose income does not exceed 300% of the most current Poverty Income Guidelines issued by the Department of Health and Human Services will qualify for charity care discounts after verification of employment. These guidelines are updated annually. The current Poverty Income Guidelines can be found as follows: <http://aspe.hhs.gov/poverty>
- G. The Financial Assistance Form, along with any applicable supporting documentation, should be returned to the business office for account reconciliation and the appropriate write-off applied to the account prior to closing the accounting month. Write-offs should be performed using the appropriate charity care write-off code.
- H. The Facility reserves the right to reverse charity care approval if the information provided by the patient in the application is later determined to be falsified or is compensation for services obtained from another source.
- I. This policy will be shared with physicians, and made public patients of the facility and the community at large.

Associated Documentation

Form -- Financial Assistance Form

Attachments

Form - Financial Assistance (2) (1).doc

Approval Signatures

Approver	Date
Shannon Magro: Administrator	04/2021

Physicians Surgery Center of Frederick
FINANCIAL ASSISTANCE FORM

INSTRUCTIONS FOR COMPLETING THIS FORM

In order for a patient to be eligible for special financial consideration, this form should be completed and the requested documentation attached, and the form returned to the **<Facility Name>**. The information will be verified and proper determination will be made in a timely manner. Please provide the following documentation to the facility:

- This form, completed and signed
- Copies of signed Federal Income Tax Return for previous year
- Copies of payroll check stubs for the previous 2 months
- Copies of recent utility bills, rent/mortgage receipt, medical bills, auto loan receipts, bank statements, alimony/child support receipts, government assistance receipts, other income/investment statements (e.g. 401K statement)

RESPONSIBLE PARTY INFORMATION

Responsible Party _____	Marital Status _____
Address _____	State _____ Zip _____
SSN _____	Birth Date _____ Phone _____
Employer _____ Position _____	Phone _____ Hire Date _____
Address _____ City _____	State _____ Zip _____
Spouse _____	Birth Date _____ SSN _____
Spouse's Employer _____ Position _____	Phone _____ Hire Date _____
Number of children in the house _____ Ages _____	

MONTHLY INCOME INFORMATION

Please provide documentation of income sources – W-2 forms, income tax statements, check stubs, or check statements. A financial statement may be required if you are self-employed.

	Responsible Party	Spouse
Wages before deductions	_____	_____
Alimony/Child support	_____	_____
Disability/worker's comp	_____	_____
Pension	_____	_____
Social Security Income	_____	_____
Dividends/Interest Income	_____	_____
Rental Income	_____	_____
Estate Trust Income	_____	_____
Welfare/Public assistance	_____	_____
Food Stamps	_____	_____
Other (please list)	_____	_____
Less State/Federal Taxes	_____	_____
Less any other deductions	_____	_____
Monthly Income Total	\$ _____	\$ _____

**Physicians Surgery Center of Frederick
FINANCIAL ASSISTANCE FORM**

FINANCIAL INFORMATION

ASSETS	VALUE		VALUE
Cash/Checking	_____	Investments	_____
Savings	_____	Life Insurance	_____
Stocks and Bonds	_____	Other	_____

ALL REAL PROPERTY AND VEHICLES

	VALUE	BALANCE	MONTHLY PAYMENT
Residence rent / own (circle one)	_____	_____	_____
Other property	_____	_____	_____
Vehicle #1 <u>Make</u> <u>Model</u> <u>Year</u>	_____	_____	_____
Vehicle #2 <u>Make</u> <u>Model</u> <u>Year</u>	_____	_____	_____
Vehicle #3 <u>Make</u> <u>Model</u> <u>Year</u>	_____	_____	_____

MEDICAL EXPENSES

Medical Provider's Name	BALANCE	INS WILL PAY	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL OTHER CREDITORS

(Charge cards, mail order, etc. -- attach separate sheet if necessary)

CREDITOR'S NAME	TYPE LOAN	BALANCE	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Appliance or furniture rental: _____

Have you ever filed bankruptcy? Yes _____ No _____ Give date _____

**Physicians Surgery Center of Frederick
FINANCIAL ASSISTANCE FORM**

OTHER MONTHLY EXPENSES

EXPENSE	MONTHLY PAYMENT	EXPENSE	MONTHLY PAYMENT
Food	_____	Auto Insurance	_____
Phone	_____	Cable TV	_____
Electric/Gas/Water/Sewer	_____	Health Insurance	_____
Contributions	_____	Recreation	_____
Other (List)	_____	Other (List)	_____

FOR OFFICE USE ONLY...

MONTHLY FINANCIAL SUMMARY

Total Income:	_____
Subtotals:	
Real property	_____
Vehicles \$	_____
Monthly Medical	_____
Expenses \$	_____
Creditors	_____
Credit \$	_____
Other Monthly	_____
Expenses \$	_____
Total Expenses:	_____

PATIENT CONDITIONS AND COMMENTS

Please answer the following questions – attach additional pages if necessary

Have you applied for Medicaid and been denied or found to be ineligible? Yes No (circle one)

Have you asked for assistance from your family? Yes No (circle one)

Have you asked for assistance from your clergy or church? Yes No (circle one)

How much are you able to pay each month? _____

COMMENTS:

I hereby state that the information I have provided is true and complete. I authorize <Facility Name> to verify this information, including requesting a credit bureau report. I understand that if any of this information is determined to be deceptive or false, I may be denied special financial consideration and I will be liable for payment of any and all charges incurred for the services rendered.

X

Responsible Party Signature

Date: _____

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Public Notice:

PSCF's mission is to provide high quality and affordable health care services to the community it serves. This includes providing medical care services on a charity basis for those who qualify without regard to age, race, creed, color, sexual orientation or national origin.

Qualifications include those that are determined to be financially or medically indigent. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based on income and family size. The facility uses poverty income guidelines issued by the U.S. Department of Health and Human Services to determine a person's eligibility for charity care as a financially indigent patient.

Persons with family income below 100 percent of the current federal poverty guideline who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services free of charge. At a minimum, persons with family income above 100 percent of the federal poverty guideline but below 200 percent of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands.

A medically indigent patient is a person whose medical bills after payment by third-party payer exceeds 35% of the person's annual gross income and is unable to pay the remaining bill.

Upon receipt of your eligibility request/documents, you will be provided with probable eligibility notification within two days.

Additional information concerning the charity care program can be obtained from the Business Office Manager at 240-215-3070.

Updated 3.2021

Noticia pública

La misión de PSCF es brindar servicios de atención médica asequibles y de alta calidad a la comunidad a la que sirve. Esto incluye brindar servicios de atención médica con carácter benéfico para quienes califiquen sin importar su edad, raza, credo, color, orientación sexual o su origen nacional.

Las calificaciones incluyen aquellas que se determina que son financiera o médicamente indigentes. Un paciente económicamente indigente es una persona que no tiene seguro o que tiene un seguro insuficiente y es aprobado para recibir atención sin obligación o con una obligación con descuento de pagar los servicios según los ingresos y el tamaño de la familia. El centro utiliza las pautas de ingresos por pobreza emitidas por el Departamento de Salud y Servicios Humanos de los Estados Unidos para determinar la elegibilidad de una persona para recibir atención de caridad como persona afinemente indigente.

Las personas con ingresos familiares por debajo del 100 por ciento de la pauta federal de pobreza actual que no tienen cobertura de seguro médico y no son elegibles para ningún programa público que brinde cobertura para gastos médicos serán elegibles para recibir servicios sin cargo. Como mínimo, las personas con ingresos familiares por encima del 100 por ciento de la pauta federal de pobreza, pero por debajo del 200 por ciento de la pauta federal de pobreza serán elegibles para recibir servicios a un cargo con descuento, según una escala móvil de descuentos para bandas de ingresos familiares.

Un paciente médicamente indigente es una persona cuyas facturas médicas después del pago por un tercero pagador exceden el 35% del ingreso bruto anual de la persona y no pueden pagar la factura restante.

Al recibir su solicitud / documentos de elegibilidad, se le proporcionará una notificación de elegibilidad probable dentro de dos días. Se puede obtener información adicional sobre el programa de atención benéfica del Gerente de la Oficina Comercial al 240-215-3070.

Public Notice: Frederick News Post

PSCF's mission is to provide high quality and affordable surgical care services to the community it serves. This includes providing surgical care services on a charity basis for all who qualify without regard to age, race, creed, color, sexual orientation or national origin.

Qualifications include those that are determined to be financially or medically indigent. Upon receipt of your eligibility request/documents, you will be provided with probable eligibility notification within two days.

Additional information concerning the charity care program can be obtained from the Business Office Manager at 240-215-3070.



INTERIM AD DRAFT

This is the proof of your ad scheduled to run in **Frederick News-Post** on the dates indicated below. If changes are needed, please contact us prior to deadline at (301) 662-1177.

Notice ID: 4Of29KDznjuoqlPYaj8E | Proof Updated: May. 19, 2021 at 10:40am EDT
Notice Name: PSCF PUBLIC NOTICE

See Proof on Next Page

This is not an invoice. Below is an estimated price, and it is subject to change. You will receive an invoice with the final price upon invoice creation by the publisher.

FILER	FILING FOR
KAREN LIND	Physicians Surgery
karen.lind@physicianssurgerycenter.net	Center of Frederick

Columns Wide: 2	Ad Class: Legals
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May. 20, 2021 - Custom	\$211.20
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Subtotal	\$211.20
Tax %	0.00
Total	\$211.20

ATT.M

Public Notice:

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Additional information concerning the charity care program can be obtained from the Business Office Manager at 240-215-3070.

Physicians Surgery Center of Frederick
81 Thomas Johnson Court, Suite B
Frederick, MD 21702

May 20, 2021

**AFFIDAVIT OF
PUBLICATION**

See Proof on Next Page

Frederick News-Post
351 Ballenger Center Drive
(301) 662-1177

I, Dawn Dayhoff, of lawful age, being duly sworn upon oath,
deposes and says that I am the Customer Service Manager of
Frederick News-Post, a publication that is a "legal newspaper" as
that phrase is defined for the city of Frederick, for the County of
Frederick, in the state of Maryland, that this affidavit is Page 1 of 2
with the full text of the sworn-to notice set forth on the pages that
follow, and that the attachment hereto contains the correct copy of
what was published in said legal newspaper in consecutive issues
on the following dates:

PUBLICATION DATES:
May. 21, 2021

Notice ID: 40f29KDznjuoqIPYaj8E
Notice Name: PSCF PUBLIC NOTICE

PUBLICATION FEE: \$180.40

Dawn Dayhoff
Customer Service Manager

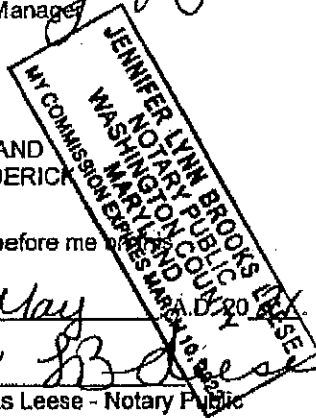
VERIFICATION

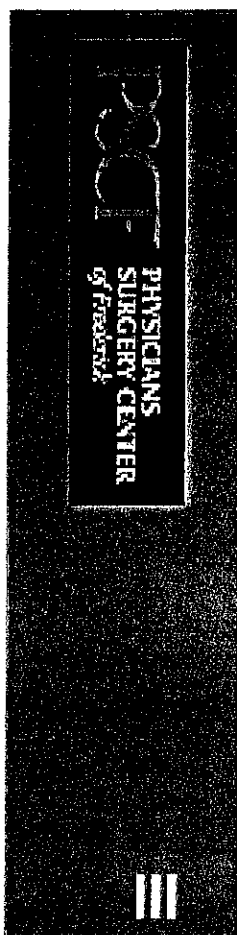
STATE OF MARYLAND
COUNTY OF FREDERICK

Signed or attested before me

Sh day of *May*

Jennifer Lynn Brooks Leese
Jennifer Lynn Brooks Leese - Notary Public
My Commission Expires: March 10th, 2023





Billing

Paying Your Bill

We've kept registration, consultation, and even surgery as simple and streamlined as they can be and we're keeping our bill pay system simple, as well.

Physicians Surgery Center of Frederick is pleased to offer convenient, secure online bill pay, which is designed to eliminate misunderstandings and questions, while keeping the payment process clear and easy-to-follow. It's nice to forego paper checks and postage, and to have the convenience of 24/7 service.

We have experienced greater patient satisfaction with online bill pay, but if you prefer your invoice mailed, please let us know.

Please let us know prior to your surgery if you need help making special financial arrangements; we're happy to discuss alternative payment methods with you.

<https://physiciansurgct.com/billing/>

1/5

<https://physiciansurgct.com/billing/>

In addition to printing your receipt, we encourage you to verify with us by phone or email that your payment has posted. Feel free to contact us with any questions related to your account or online payment at (240) 215-3070 x221.

As of 7/1/2021, the following information is available for your review: The information on this page is for informational purposes only and does not constitute an offer of insurance or any other financial product. Please consult your agent for more information.

ONLINE BILL PAY

As of 7/1/2021, the following information is available for your review: The information on this page is for informational purposes only and does not constitute an offer of insurance or any other financial product. Please consult your agent for more information.

Insurance

Please work with our team before, during, and after your surgery so that we can coordinate the process of filing and managing your insurance claims. Our team will take their time to walk you through every aspect of billing and payment, ensuring that you understand your coverage, co-pays, deductibles, or difference you may owe.

We request on the day of your procedure that you bring your current insurance and Medicare card for both primary and secondary insurances.

We accept the following:

- United Health Care
- CareFirst
- Medicare
- Cigna
- Aetna
- WC
- JH Priority Partners
- Amerigroup
- Riverside
- Tricare

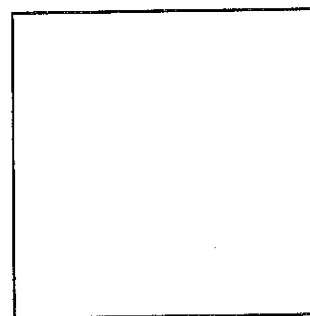
Christine Bosco
Customer Service Manager
e. Christine.Bosco@hstpathways.com
Direct. 315.849.5304
Support. 877.848.4726



Subject: Physician's Surgery Center of Frederick - Financial Policy Information Enclosed

[EXTERNAL]

Physician's Surgery Center of Frederick



Your payment estimate for your upcoming appointment is below.

Hi Christine,

Your insurance information has been verified. We have included details about your estimated financial obligation per your insurance carrier for your scheduled procedure at Physician's Surgery Center of Frederick. The amounts shown below are based on current policy information you provided. **Amounts are subject to change after the procedure is performed.** Our bill covers the facility fee, supplies and any implants

used. ****Fees for your surgeon, anesthesiologist, and any other services such as laboratory or pathology will be billed separately. Please contact their office if you have any questions regarding their specific billing process.**

Please see below for your payment options:

- Pay your deposit online using the credit card link below.
- Bring your payment on the date of your procedure.
- If you require an alternative payment option, please contact the surgery center prior to your surgery. We are happy to discuss alternative payment methods with you. We will provide your probable eligibility within two days of receipt of qualifying information.

If you have already had your procedure and are receiving this email, then there has been a change in your patient estimate which has left an outstanding balance on your account.

If you have any questions please contact the Physician's Surgery Center of Frederick. We look forward to seeing you soon.

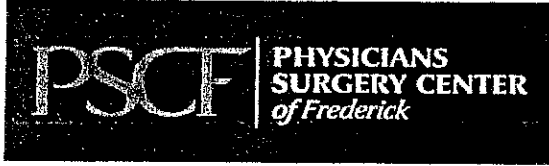
Here is your estimate:

Deductible:	\$0.00
CoPay:	\$0
CoInsurance:	\$0.00
Total:	\$0.00

Comments:

Pay with a Credit Card

Physician's Surgery Center of Frederick in partnership with Simple Admit



To the office of:

In an effort to raise continued awareness of our facility policies that may assist your clients in access to healthcare, please refer to the attached notice should the need arise. It is our goal to continually improve access throughout the area we serve, and improve the lives of our community residents.

Thank you for helping us to support the Frederick County and surrounding areas to meet everyone's surgical needs. We will continue to send out periodic reminders of this notification. If you have any questions regarding this matter, or feel your patients may need assistance feel free to contact our Business Office Manager at 240-215-3070.

Please see attached policy and notification for your reference.

Sincerely,

Shannon Magro

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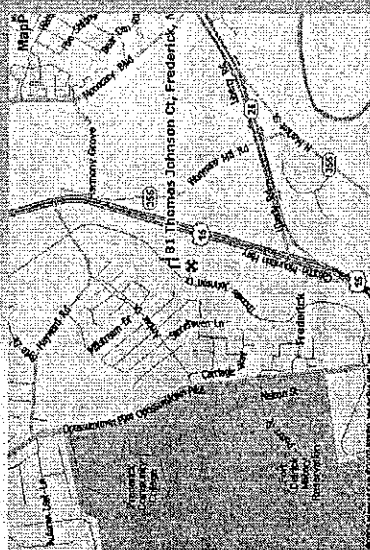
Additional information concerning the charity care program can be obtained from the Business Office Manager at 240-215-3070.

Driving Directions From 15 North:

- Take the Mott Avenue Exit
- Veer Right off exit onto Opposumtown Pike
- Go through two lights
- At third light make a Right onto Thomas Johnson Drive
- Go ½ mile and make a right onto Thomas Johnson Court
- Center is the first left, 81 Thomas Johnson Ct.

Driving Directions From 15 South:

- Take the Mott Avenue Exit
- Turn left onto Opposumtown Pike
- Go through one light
- At second light make a Right onto Thomas Johnson Drive
- Go ½ mile and make a Right onto Thomas Johnson Court
- Center is the first left on Thomas Johnson Court.



Physicians Surgery Center of Frederick

81 Thomas Johnson Court
Frederick, MD 21702

Phone: 240-215-3070
Fax: 240-215-3071

Patient Information

***Please arrive at the Center promptly:**
(1 hour before General or sedation anesthesia and 30 minutes before Local) *unless otherwise instructed..*
You will receive pre-surgical instructions from our Pre-Op Nurse a few days before your surgery, and she will also confirm your arrival time the evening before your procedure. If you would like to contact us you can do so by calling: 240-215-3070.

Patient Remarks

"I had surgery on two different surgical sites within two weeks of each other, and could not have asked for better care before, after and even after I was recovering at home! Thanks!!!

"Wonderful care, great staff, very professional!"

"The staff was great, they took excellent care of me during and after the procedure."

Ownership Statement

This facility is owned by the Physicians Surgery Center of Frederick, LLC and its Physician owners. Your physician may have an interest in this facility.

The following physicians have an ownership interest in this organization:

Scott Andochoick, MD

Adam Mecinski, MD

Kristen Nesbitt, MD

James Steinberg, DO

Sunil Thadani, MD

Matthew Levine, MD

*The Physicians Surgery Center of Frederick is a
Non-Smoking Campus*

Welcome! Your physician has scheduled your

upcoming surgery at Physicians Surgery Center of Frederick. This Center is a premier ambulatory surgery center that is Medicare and State approved and licensed. PSCF is accredited by the Accreditation Association for Ambulatory Health Care, Inc.

We pride ourselves with an excellent team of nurses and staff who will make you feel comfortable and cared for. Our Staff is committed to providing you the highest quality care in a warm, personalized and secure setting. Our goal is to deliver excellent care and make your visit a pleasant experience.

We are so happy to serve you, and will do everything possible to make your visit with us as pleasant and proficient as possible to ensure that your day of surgery goes well please read the following information.

*Date of your surgery is: _____

*Please Arrive at the center at: _____

Shannon.Magro physicianssurgerycenter.net

From: Watkins, Rissah (Health/OPAC) <RWatkins@FrederickCountyMD.gov>
Sent: Friday, May 21, 2021 9:24 AM
To: Shannon.Magro physicianssurgerycenter.net
Subject: Response from the Frederick County Health Department

Dear Shannon Magro,

Thank you for contacting us with your question, and for letting us know about your Charity Care Policy for surgical services. We would recommend that you share this information with the following community entities:

Mission of Mercy

Linda M. Ryan
Executive Director
Mission of Mercy
22 S. Market St. Suite 6D
Frederick, MD 21701
301-682-5683 x202

Religious Coalition Emergency Human Needs

Nick Brown, Executive Director
Religious Coalition for Emergency Human Needs
27 Degrange St
Frederick MD 21701
T: 301.631.2670 Ext 105
F: 240.215.3019
www.RCEHN.org

Fredrick Community Action Agency

Janet Jones, MHA
Department of Housing & Human Services
Frederick Community Action Agency
100 S. Market St.
Frederick, MD 21701
301-600-3967 (direct)
301-600-1506 (main)
jjones@cityoffrederickmd.gov

Additionally:

- Dr. Julio Menocal
- Centro Hispano
- Asian American Center of Frederick
- Spanish Speaking Services of Maryland
- Church community as many churches pay for services

Thank you,

Shannon.Magro physicianssurgerycenter.net

From: Karen Lind
Sent: Friday, May 21, 2021 9:11 AM
To: 'gale@pescf.org@gmail.com'
Cc: Shannon.Magro physicianssurgerycenter.net
Subject: Charity Care Assistance
Attachments: Charity Care - Patient and-or Responsible Party Attestation.doc; Charity Care - Checklist.doc; Charity Care - Application for Assistance.doc

Dear Gale,

Thank you for your interest in our charity care assistance. I am attaching the application, checklist and attestation forms that need to be completed and returned to me with copies of the required documents. Upon receipt of your eligibility request/documents, you will be provided with probable eligibility notification within two days.

PSCF's mission is to provide high quality and affordable health care services to the community it serves. This includes providing medical care services on a charity basis for those who qualify without regard to age, race, creed, color, sexual orientation or national origin.

Qualifications include those that are determined to be financially or medically indigent. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based on income and family size. The facility uses poverty income guidelines issued by the U.S. Department of Health and Human Services to determine a person's eligibility for charity care as a financially indigent patient.

Persons with family income below 100 percent of the current federal poverty guideline who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services free of charge. At a minimum, persons with family income above 100 percent of the federal poverty guideline but below 200 percent of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands.

A medically indigent patient is a person whose medical bills after payment by third-party payer exceeds 35% of the person's annual gross income and is unable to pay the remaining bill.

Please do not hesitate to contact me if you have additional questions or need assistance completing the paperwork.

Karen Lind
Business Office Specialist

~ PSCF ~

Physicians Surgery Center of Frederick
81 Thomas Johnson Court, Suite B
Frederick, MD 21702

Phone: 240-215-3070 Ext. 206
Fax: 240-215-3071

Good afternoon Shannon,

Please find below the data you requested about charity care. If you have additional questions about the data do not hesitate to let me know; Kevin and Bill will remain your contacts for CON related questions.

Charity Care Provided in Ambulatory Surgical Facilities				
	Total Net Revenue of all Facilities	Total Charity Care of all Facilities	Average Amount of	Percentage of Charity Care by Revenue
2019 322 Facilities Surveyed	\$763,715,532	\$4,830,087	\$15,000	0.63%
2018 307 Facilities Surveyed	\$734,036,672	\$5,124,513	\$16,268	0.70%
2017 321 Facilities Surveyed	\$751,639,028	\$3,330,303	\$10,375	0.44%

The table above shows the total of net revenue and charity care reported by each facility by year from the most current annual Freestanding Ambulatory Surgical Facility Surveys. It also includes the average charity care which is calculated by dividing the total charity care by the number of facilities surveyed each year. The percentage of charity care by revenue is calculated by dividing the total charity care value by the total net revenue value.

Ave
059



STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No.: A1340

Issued to: Physicians Surgery Center Of Frederick, LLC
81 Thomas Johnson Court, Suite B
Frederick, MD 21702

Type of Facility or Community Program:
FREESTANDING AMBULATORY SURGICAL FACILITY

Date Issued: July 1, 2018

SPECIALTIES: General, Ophthalmology, Orthopedic, Pain Management,
Plastic Surgery

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19, Subtitle 3B, Annotated Code of Maryland, including all applicable rules and regulations promulgated there under. This document is not transferable.

Expiration: NON-EXPIRING

Patricia Tonko May, MD

Executive Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

March 4, 2021

Organization #	94767		
Organization Name	Andochick Surgical Center DBA Physicians Surgery Center of Frederick		
Address	81 Thomas Johnson Ct, Suite B		
City State Zip	Frederick	MD	21702-4348
Decision Recipient	Mrs. Shannon Ireland-Magro, RN, CASC		
Survey Date	2/4/2021-2/5/2021	Type of Survey	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	2/8/2021	Accreditation Term Expires	2/7/2024
Accreditation Renewal Code	CD3B666594767		

As an ambulatory health care organization that has undergone the AAAHC Accreditation Survey, your organization has demonstrated its substantial compliance with AAAHC Standards. The AAAHC Accreditation Committee recommends your organization for accreditation.

Next Steps

- Members of your organization should take time to thoroughly review your Survey Report.
 - Any standard rated less than "FC" (Fully Compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
 - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
- AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
- Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.
- In order to ensure uninterrupted accreditation, your organization should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for scoping and scheduling the survey.
NOTE: You will need the Accreditation Renewal Code found in the table at the beginning of this document to submit your renewal application.

Additional Information

Andochick Surgical Center DBA Physicians Surgery Center of Frederick

March 4, 2021

Page 2 of 2

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifyeast@aaaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.



MARYLAND Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

Office of Health Care Quality
7120 Samuel Morse Drive, 2nd Floor
Columbia, MD 21046
410-402-8040

August 19, 2019

Shannon Ireland-Margo, RN, CASC, Administrator
Physicians Surgery Center of Frederick
81 Thomas Johnson Drive, Suite B
Frederick, MD 21702

RE: NOTICE OF COMPLIANCE WITH HEALTH COMPONENT REQUIREMENTS

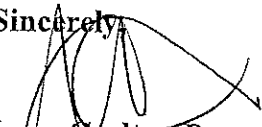
Dear Ms. Ireland-Margo:

On August 12 -15, 2019, a re-certification survey was conducted at your facility by the Office of Health Care Quality to determine if your facility was in compliance with Federal participation requirements for an Ambulatory Surgery Center participating in the Medicare and/or Medicaid programs.

This survey found that your facility is in compliance with the health component of the requirements.

If you have any questions, please call me at (410) 402-8229.

Sincerely,


Leon Carlton Program Coordinator
Office of Health Care Quality

cc: File

ATT.V



MARYLAND Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

Office of Health Care Quality

7120 Samuel Morse Drive, 2nd Floor

Columbia, MD 21046

410.402.8040

October 10, 2019

Shannon Ireland-Margo, RN, CASC, Administrator
Physicians Surgery Center of Frederick
81 Thomas Johnson Drive, Suite B
Frederick, MD 21702

Re: Acceptable Life Safety Code Plan of Correction

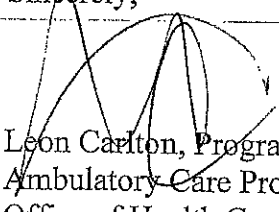
Dear Ms. Ireland:

We have reviewed and accepted the Plan of Correction received on October 7, 2019, as a result of a **LIFE SAFETY CODE** survey completed during a re-certification survey completed at your facility on September 11, 2019.

Please be advised that an unannounced follow-up visit may occur prior to the standard survey to ensure continual compliance.

Please maintain this document on file as proof of an Office of Health Care Quality survey. A request for this document will be handled as a Public Information Request with a response time of up to 30 days. If there are any questions concerning this notice, please contact this Office at 410-402-8040.

Sincerely,


Leon Carlton, Program Coordinator
Ambulatory Care Programs
Office of Health Care Quality

Transfer Agreement

THIS AGREEMENT is made as of August 11, 2020, by and between Andochick Surgical Center, LLC, dba: Physician's Surgery Center of Frederick (herein called "Center"), located at 81 Thomas Johnson Court, Suite B, Frederick, Maryland, 21702 and Frederick Health Hospital (herein called "Hospital"), located at 400 West Seventh Street, Frederick, Maryland 21701.

WHEREAS, both Center and Hospital desire, by means of this Agreement, to ensure continuity of care and treatment appropriate to the needs of patients of the Center and at the Hospital, utilizing the knowledge and resources of both facilities in a coordinated and cooperative fashion to improve the care of patients;

NOW, THEREFORE, in consideration of the mutual advantages accruing to the parties hereto, Center and Hospital hereby covenant and agree with each other as follows:

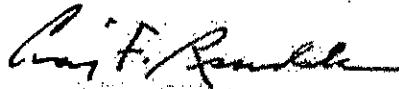
1. This shall be effective August 11, 2020 and shall continue in effect for one year until August 21, 2021 and must be renewed at that time except that either party may withdraw by giving sixty (60) days notice in writing to the other party of its intention to withdraw from this Agreement, whereupon withdrawals shall be effective at the expiration of the sixty (60) day period. However, this Agreement shall terminate immediately if either party shall have its license to operate revoked by the State of Maryland or its ability to participate in the Medicare and/or Medicaid programs is terminated.
2. Center's Responsibilities under this Agreement:
 - a. The Center shall be responsible for appropriate and safe transfer of the patient to Hospital. The mode of transportation will depend upon the circumstances and condition of the patient, and the physician's order, if applicable.
 - b. The Center shall be responsible for providing emergency care and stabilizing treatment within the bounds of its capability to its patients until safe transfer from the Center can be accomplished.
 - c. The Center shall be responsible for the security of the patient's property, including personal effects, money, and any other items brought with the patient to the Center, and for keeping appropriate records of same.
 - d. The Center shall be responsible for obtaining the informed consent of the patient or his/her medical decision maker for the transfer, including discussion of the risks, benefits, and alternatives to transfer, if any.
 - e. The Center agrees to send with each patient at the time of transfer, or as promptly as possible, such pertinent medical information necessary to continue the patient's treatment without interruption and to provide essential identifying information on referral forms, as well as health insurance information. Pertinent medical information may include, but is not limited to medical history, allergies, results of examinations, treatment records, and medication records.
 - f. The Center agrees to provide Hospital's Emergency Department as much advance notice of a transfer as reasonably possible.
 - g. The Center is responsible for notifying the patient's next of kin or responsible person regarding the transfer.
3. Hospital's Responsibilities under this Agreement:
 - a. The Hospital shall be responsible to provide an appropriate medical screening examination, including any appropriate testing, and stabilizing care and treatment to a transferred patient.

maintain active medical staff privileges, including all rights and obligations thereto, at Hospital; and in the event a patient whose attending physician is not so credentialed at the Hospital requires transfer to the Hospital, another physician of the same specialty with whom the Center has a written agreement shall agree to admit and follow such patient on admission to the Hospital. Center agrees to provide the Hospital with a copy of such written agreement at the time this Transfer Agreement is executed.

- h. Severability. The provisions of this Agreement will be severable, and in the event that any term or condition is held to be invalid or unenforceable, the remaining terms and conditions of this Agreement will continue in full force and effect.
- i. Complete Agreement. This Agreement sets forth the complete agreement of the parties regarding its subject matter, and supersedes any prior agreements between the parties. This Agreement may be modified or amended from time to time by mutual agreement of the parties and such modifications or amendments shall be attached to and become part of this Agreement.

IN WITNESS WHEREOF, the authorized representatives of the parties to this Agreement have caused their respective principal's name to be subscribed to this Agreement.

For Frederick Memorial Hospital:

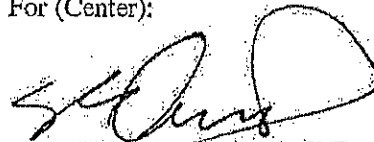


Craig F. Rosendale, VP/CCO

10/6/2020

Date

For (Center):



(Name and Title)

10/6/2020

Date

Current Status: Active

PolicyStat ID: 9504301

Physicians Surgery Center of Frederick

Origination: 01/2012
Effective: 03/2021
Last Approved: 03/2021
Last Revised: 03/2021
Next Review: 03/2024
Owner: Shannon Magro: Administrator
Policy Area: Administration
References:

Emergency Transfer

PURPOSE:

To provide guidelines for Facility personnel to follow when a patient requires transfer to a higher level of care to ensure the appropriate level of care for the patient.

POLICY:

It is the policy of the Facility to transfer patients with the following conditions to a general acute hospital:

1. Patients who have received CPR.
2. Patients whose recovery is going to be prolonged for any reason.
3. Any patient who is presenting medical condition the Facility is not equipped to handle.
4. Any necessary emergency treatment.

PROCEDURE:

- A. The physician will be in charge of all emergency protocol and will perform or delegate the following:
 1. An ambulance or paramedics will be called to transport the patient.
 2. The hospital will be called and notified of the emergency admission.
 3. The receiving physician will be notified.
 4. The family will be informed.
 5. A copy of the appropriate sections of the medical record shall accompany the patients, including: H&P, explanation of precipitating incident necessitating transfer, medication and anesthesia records, laboratory results as appropriate, all insurance information, and any other pertinent information the physician requests.
 6. The hospital receiving Nurse will be provided with hand off communications by phone.
 7. The receiving hospital will be requested to send a discharge summary for transferring the patient to the Facility.

Associated Forms

Form -- Patient Transfer-Consent Record

PATIENT TRANSFER RECORD

Patient Name: _____ Physician: _____

Procedure Performed: _____

Patient's Emergency/Medical Condition: _____

Reasonably foreseeable medical RISKS and BENEFITS of transfer:

RISKS: _____ This facility is not equipped/staffed to handle patient's condition.
_____ Other (specify) _____

BENEFITS:

_____ Availability of specialized services/personnel to better handle patient's condition at the receiving facility.
_____ Other (specify) _____

Physician Certification:

I hereby certify that the reasonably foreseeable medical risks and benefits of transfer are as describe above, based upon the information available at the time of transfer. I also certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the risks to the patient.

The following receiving facility has been notified of transfer: _____

Transferring Physician or Nursing Personnel signature

Date & Time

Patient Consent for Transfer:

I acknowledge that my medical condition has been evaluated and explained to me by the physician or nursing personnel, who has recommended that I be transferred. The potential benefits of such transfer, the potential risks associated with the transfer, and the probable risks of not being transferred have been explained to me, and I fully understand them. With this knowledge and understanding, I agree and consent to be transferred and authorize the release of any and all information contained in my medical records to the receiving facility.

Signature of Patient /Legal Guardian

Date & Time

Witness

Date & Time

ITEMS TRANSFERRED WITH PATIENT:

_____ COPY OF PATIENTS CHART _____ PATIENT'S PERSONAL BELONGINGS _____

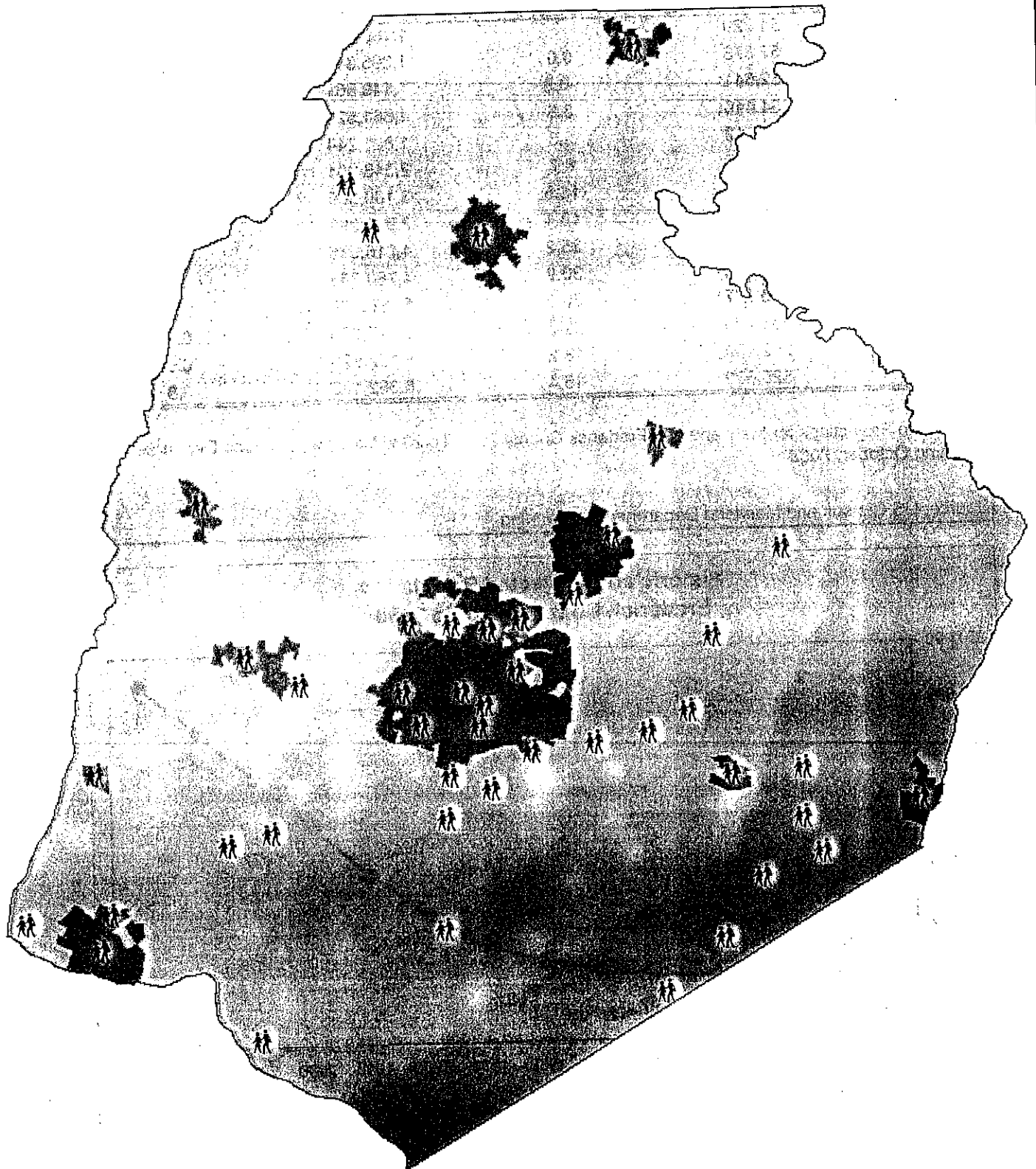
PATIENT TRANSFER FORM

Initial Diagnosis and Impression Diagnosis:		
Patient's Name (patient sticker)		
First:	Last:	Middle Initial:
Patient's Address (or copy of face sheet)		
Patient's Age:		Date of Birth:
Name of Next of Kin:		Phone of Next of Kin:
Consent for transfer to hospital:		
_____ / Relationship _____		
History or injury or reason for admission to acute care hospital:		

VITAL SIGNS and Notes at time of Transfer

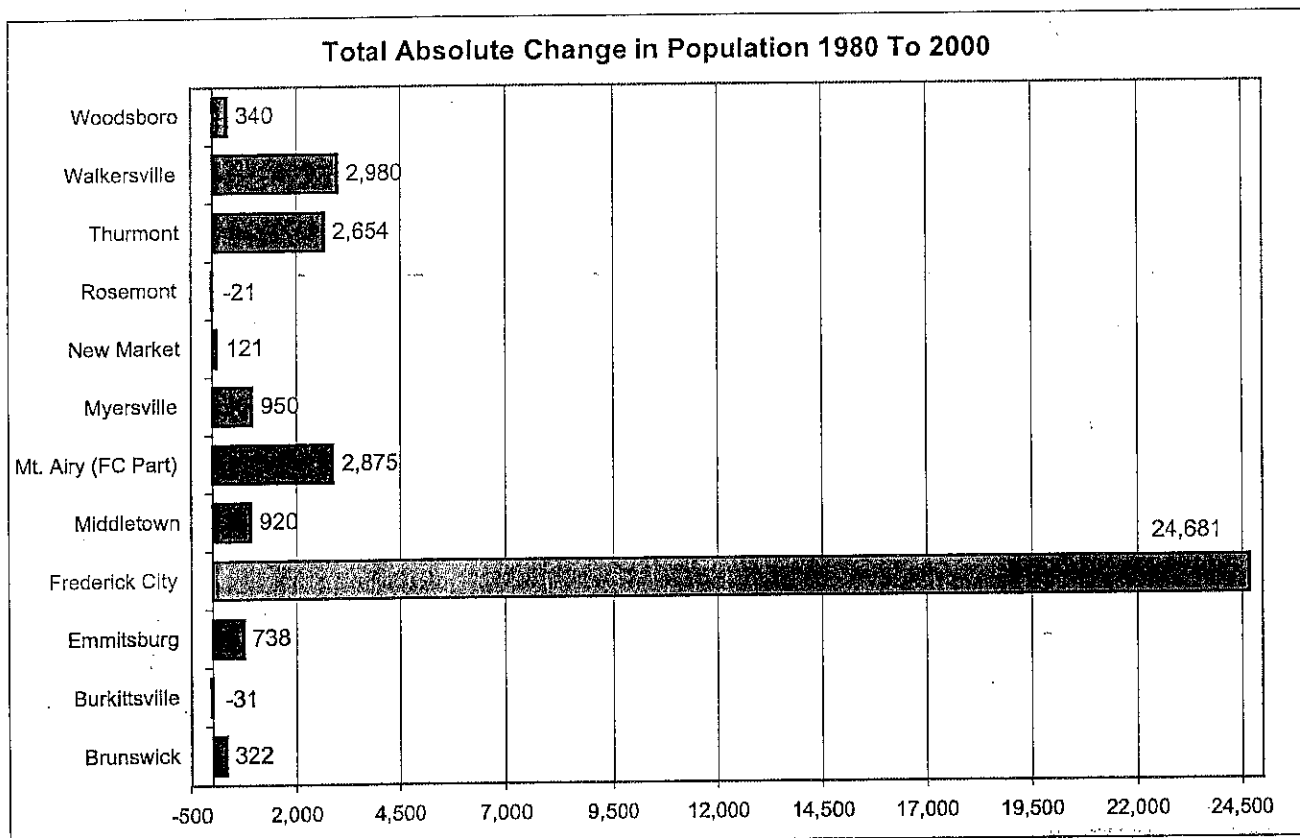
Time Taken _____				
BP _____	P _____	RESP _____	SAO2 _____	O2 YES L/M _____ NO
Treatment rendered to patient including medication and method of administration:				
Time	Medication	Route	Response	Pain level
LABS: _____ YES NO NA SPECIMENS _____ YES NO NA				
FLUIDS GIVEN: (Type, volume, time of day)				
REFERRING PHYSICIAN:				
Address:				
Phone #:				
NAME OF PHYSICIAN RECEIVING THE PATIENT (who has been contacted about the patient)				
ADVANCE DIRECTIVE: Yes No Copy included in packet? Y/N				
Type of Transportation: EMS Other _____ Time of Pickup:				
Belongings given to:				
Report to Receiving Nurse in ED? Yes No By: _____ Time:				
Name of Receiving Nurse Reported to: _____				
Copy of Medical Record sent with patient: Yes No _____ NA _____				

General Population Statistics Frederick County

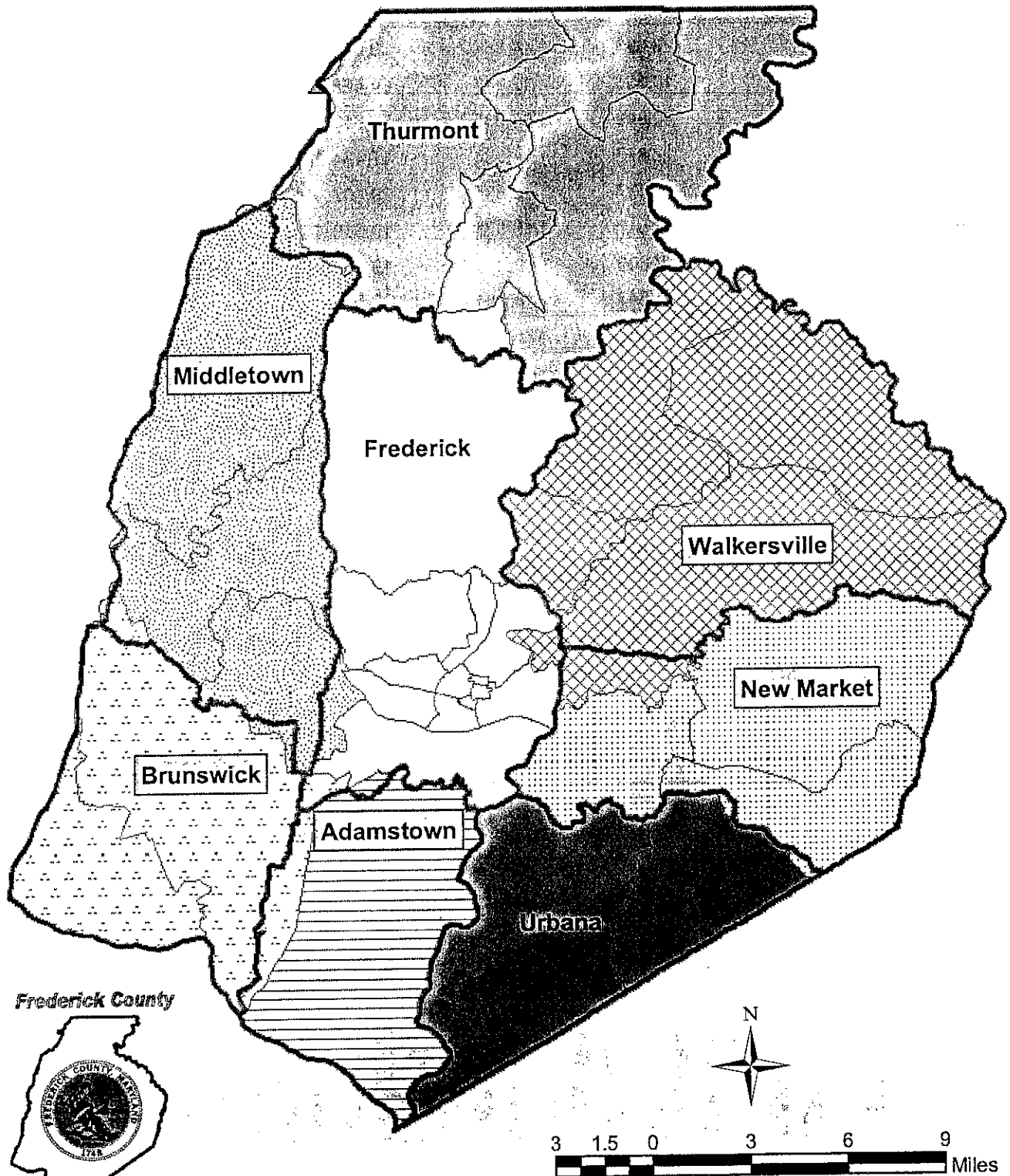


Population Change Frederick County and Municipalities							
Municipality	1980 Census	1990 Census	2000 Census	Absolute Change 1980 To 1990	Percent Change 1980 To 1990	Absolute Change 1990 To 2000	Percent Change 1990 To 2000
Brunswick	4,572	5,117	4,894	545	12%	-223	-4%
Burkittsville	202	194	171	-8	-4%	-23	-12%
Emmitsburg	1,552	1,688	2,290	136	9%	602	36%
Frederick City	28,086	40,148	52,767	12,062	43%	12,619	31%
Middletown	1,748	1,834	2,668	86	5%	834	45%
Mt. Airy (FC Part)	540	1,497	3,415	957	177%	1,918	56%
Myersville	432	464	1,382	32	7%	918	198%
New Market	306	328	427	22	7%	99	30%
Rosemont	305	256	284	-49	-16%	28	11%
Thurmont	2,934	3,398	5,588	464	16%	2,190	64%
Walkersville	2,212	4,145	5,192	1,933	87%	1,047	25%
Woodsboro	506	513	846	7	1%	333	65%
Municipal	43,395	59,582	79,924	16,187	37%	20,342	34%
Non-Municipal	71,397	90,626	115,353	19,229	27%	24,727	27%
Frederick County	114,792	150,208	195,277	35,416	31%	45,069	30%

Data Source: US Census and Frederick County Planning Department



Planning Regions Depicted With the Associated Census Tracts



Frederick County



GIS Program

GIS Source: Maryland Dept of Planning

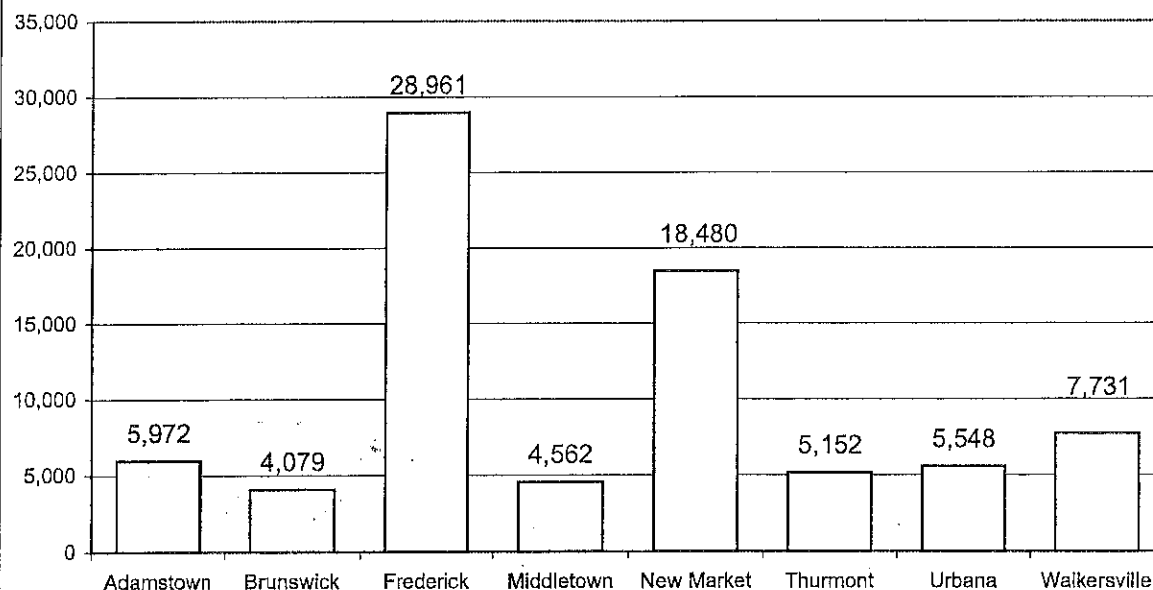
Population Estimates and Increases of Frederick County Planning Regions 1980 To 2000

Planning Region	1980	1990	2000	Increase 1980-1990		Increase 1990-2000	
				Number	Percent	Number	Percent
Adamstown	3,093	4,884	9,065	1,791	58	4,181	86
Brunswick	10,386	12,347	14,465	1,961	19	2,118	17
Frederick	40,849	60,235	69,810	19,386	47	9,575	16
Middletown	12,872	14,084	17,434	1,212	9	3,350	24
New Market	10,627	15,855	29,107	5,228	49	13,252	84
Thurmont	14,517	15,081	19,669	564	4	4,588	30
Urbana	7,605	9,341	13,153	1,736	23	3,812	41
Walkersville	14,843	18,381	22,574	3,538	24	4,193	23
Total	114,792	150,208	195,277	35,416	31	45,069	30

Population estimates are based on census tract and block data overlaid with planning region boundaries. See page 5 for boundary differences.

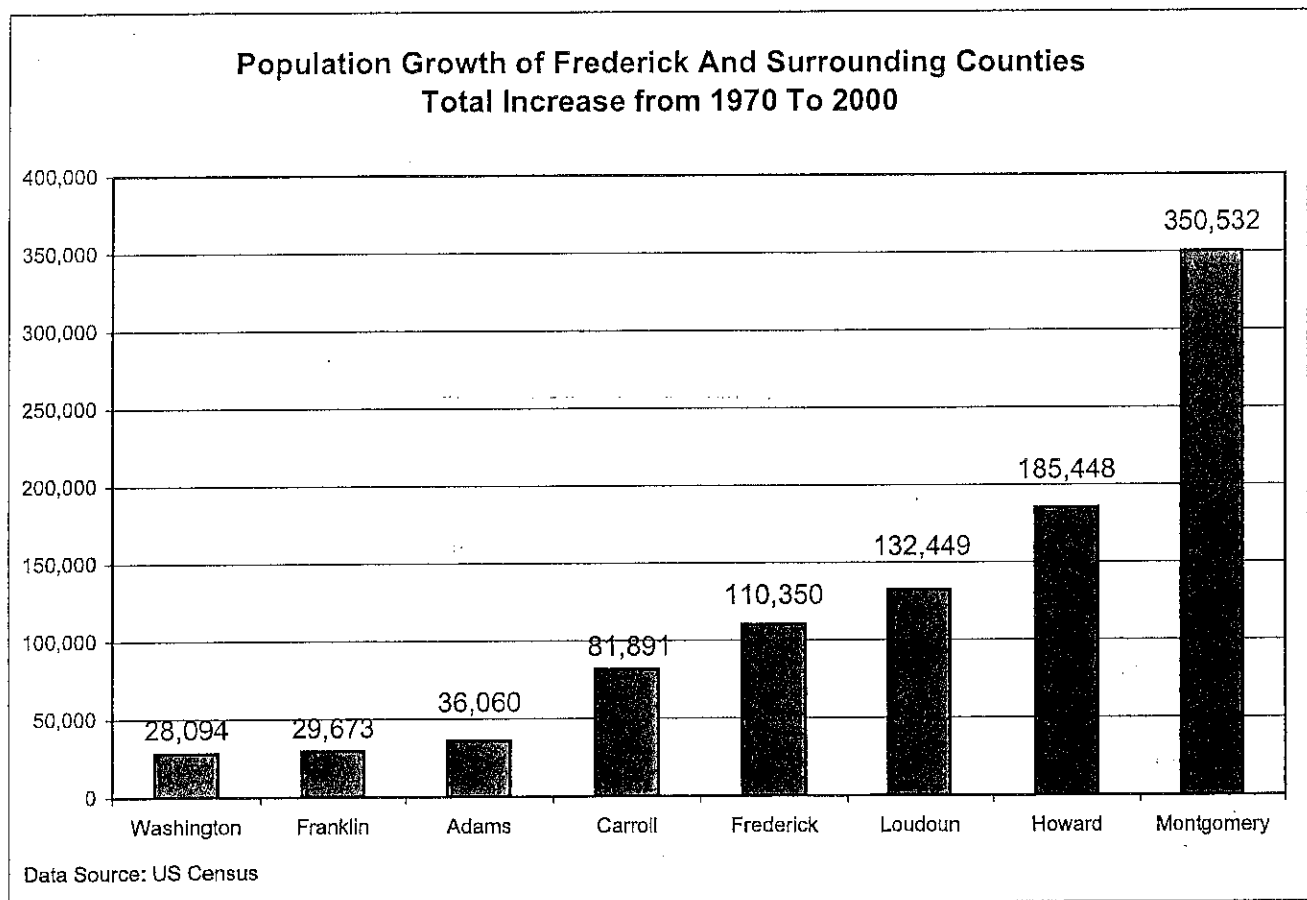
Data Source: US Census and Frederick County Planning Department

Total Population Increase for Frederick County Planning Regions - 1980 To 2000



Data Source: US Census and Frederick County Planning Department

Comparison of Population Growth Frederick And Surrounding Counties							
County	1970 Census	1980 Census	1990 Census	2000 Census	1970 To 1980 Increase	1980 To 1990 Increase	1990 To 2000 Increase
Frederick	84,927	114,792	150,208	195,277	35%	31%	30%
Carroll	69,006	96,356	123,372	150,897	40%	28%	22%
Howard	62,394	118,572	187,328	247,842	90%	58%	32%
Montgomery	522,809	579,053	757,027	873,341	11%	31%	15%
Washington	103,829	113,086	121,393	131,923	9%	7%	9%
Loudoun	37,150	57,349	86,129	169,599	54%	50%	97%
Adams	56,937	68,292	78,274	92,997	20%	15%	19%
Franklin	100,833	113,629	121,082	130,506	13%	7%	8%
Data Source: US Census Bureau							



Metropolitan Washington Summary of Population Forecasts by Jurisdiction Metropolitan Washington Council of Governments (MWCOG) Round 6.4 Cooperative Forecasts (Draft) (Thousands)								
Jurisdiction	1990	2000	2005	2010	2015	2020	2025	2030
District of Columbia (1)	606.9	572.1	607.0	627.0	673.7	688.1	702.4	702.4
Arlington County	170.9	190.3	200.8	212.2	223.3	233.1	238.8	242.9
City of Alexandria	111.2	128.3	136.5	142.9	145.9	147.8	150.0	151.7
Central Jurisdiction	889.0	890.7	944.3	982.1	1,042.9	1,069.0	1,091.2	1,097.0
Montgomery County (2)	757.0	873.3	942.0	1,000.0	1,040.0	1,070.0	1,090.0	1,100.0
Rockville (3)	44.8	47.4	57.4	63.7	64.0	64.3	64.4	64.8
Prince George's County	729.3	808.0	856.6	881.1	907.7	932.3	952.1	967.8
Fairfax County (4)	818.6	969.8	1,045.0	1,114.1	1,149.8	1,174.6	1,187.4	1,197.4
City of Fairfax	19.6	21.5	22.4	23.0	23.3	23.6	23.4	23.2
City of Falls Church	9.6	10.4	10.6	11.3	11.6	11.9	12.1	12.2
Inner Suburbs	2,334.1	2,683.0	2,876.6	3,029.5	3,132.4	3,212.4	3,265.0	3,300.6
Loudoun County	86.1	169.6	243.5	311.8	373.7	417.6	445.1	462.1
Prince William County	215.7	280.8	345.5	389.5	417.7	434.6	449.0	459.5
City of Manassas	28.0	35.1	36.2	36.9	37.0	37.1	37.4	37.5
City of Manassas Park	6.7	10.3	14.8	15.3	15.5	15.7	15.7	15.8
Calvert County (5)	51.4	74.6	82.8	91.0	93.5	96.0	98.0	100.0
Charles County (5)	101.2	120.5	134.0	147.4	165.2	183.0	194.0	205.0
Frederick County	150.2	195.3	216.6	238.3	260.0	281.9	299.6	324.6
Stafford County (6)	61.2	92.5	107.1	121.7	136.4	151.0	165.7	180.4
Anne Arundel County (7)	427.2	489.7	520.2	534.1	543.7	553.2	562.9	562.9
Howard County (7)	187.3	250.7	273.3	291.7	304.0	312.6	308.9	305.4
Other Suburbs (7)	700.5	978.7	1,180.5	1,351.9	1,499.0	1,616.9	1,704.5	1,784.9
Northern Virginia	1,527.7	1,908.6	2,162.4	2,378.7	2,534.2	2,647.0	2,724.6	2,782.7
Suburban Maryland (7)	1,789.0	2,071.7	2,232.0	2,357.8	2,466.4	2,563.2	2,633.7	2,697.4
Regional Total (7)	3,923.6	4,552.4	5,001.4	5,363.5	5,674.3	5,898.3	6,060.7	6,182.5
(1): The Round 6.3 population and household forecasts for DC reflect Census 2000 counts which showed the city's population to be higher than estimated in Round 6.2. (2): Forecasts for years 2000 to 2030 include all of Takoma Park. (3): Included in Montgomery County total. (4): Includes Fairfax County group quarters population in the Massey Complex. (5): Tri-County Council for Southern Maryland develops ten-year incremental population, housing unit, and employment forecasts for Calvert County, Charles County, and St. Mary's County. (6): Source: Rappahanock Area Development Commission (RADCO), March 2003. The estimates for 2010, 2020, and 2030 are control totals provided by the Virginia Employment Commission (VEC) and should only be used for transportation planning purposes. Incremental five-year estimates have been developed by MWCOG for the purpose of transportation modeling and air quality analysis. (7): Baltimore Metropolitan Council (BMC) official Round 6 Forecasts (2000 to 2025) for Anne Arundel and Howard counties are shown for reference purposes only and are not included in any other totals. Anne Arundel and Howard counties provided 2000 to 2025 projections and MWCOG extrapolated their data to 2030. BMC draft Round 6.A Forecast (2000 to 2030) are the latest official Howard County projections. Source: Metropolitan Washington Council of Governments Rd 6.4 Draft Cooperative Forecasts, Feb.2004								

Top 100 Biggest Maryland Cities By Population

What is the largest city in Maryland?

The largest city in Maryland is Baltimore (city/baltimore-maryland), with a population of 593,490. Baltimore (city/baltimore-maryland) is the 30th largest city in the US. The second largest city is Frederick (city/frederick-maryland), with a population of 72,244, and is the 501st largest city in the US.

What is the fastest growing city in Maryland?

Among the 100 largest cities in Maryland, the fastest growing city is Centreville (city/centreville-maryland), whose population has grown 149.0% since the year 2000.

What is the fastest shrinking city in Maryland?

Among the 100 largest cities in Maryland, the fastest shrinking city is Trappe (city/trappe-maryland), whose population has declined 18.0% since the year 2000. Trappe's peak population was 1,221 in the year 2000, and it's current population of 1,000 represents a 18.1% decline from it's peak. Trappe (city/trappe-maryland) was once the 9,319th largest city in the US, but it's now the 10,299th largest.

2563	New Carrollton (/city/new-carrollton-maryland)	12,928	2.6%
2667	Cambridge (/city/cambridge-maryland)	12,260	10.3%
3062	Bel Air (/city/bel-air-maryland)	10,119	2.9%
3165	La Plata (/city/la-plata-maryland)	9,631	44.7%
3194	Mount Airy (/city/mount-airy-maryland)	9,458	43.3%
3201	Bladensburg (/city/bladensburg-maryland)	9,408	22.6%
3437	Frostburg (/city/frostburg-maryland)	8,505	3.9%
3579	Mount Rainier (/city/mount-rainier-maryland)	8,093	-4.7%
3870	Riverdale Park (/city/riverdale-park-maryland)	7,200	12.8%
3948	Ocean City (/city/ocean-city-maryland)	6,944	-3.3%
3960	Thurmont (/city/thurmont-maryland)	6,895	21.8%
3987	Taneytown (/city/taneytown-maryland)	6,817	32.9%
4114	Brunswick (/city/brunswick-maryland)	6,491	31.9%
4134	Cheverly (/city/cheverly-maryland)	6,428	-0.1%
4139	Walkersville (/city/walkersville-maryland)	6,415	23.2%
4145	Hampstead (/city/hampstead-maryland)	6,401	24.7%
4238	Glenarden (/city/glenarden-maryland)	6,143	-2.8%
4270	Chesapeake Beach (/city/chesapeake-beach-maryland)	6,030	89.6%
4288	District Heights (/city/district-heights-maryland)	5,984	-2.0%
4588	Fruitland (/city/fruitland-maryland)	5,309	40.3%
4617	Poolesville (/city/poolesville-maryland)	5,244	1.2%
4718	Chestertown (/city/chestertown-maryland)	5,051	6.0%
4780	Centreville (/city/centreville-maryland)	4,944	149.0%
4828	Berlin (/city/berlin-maryland)	4,866	35.4%
4834	Manchester (/city/manchester-maryland)	4,851	48.3%
4873	Middletown (/city/middletown-maryland)	4,792	79.2%
4901	Seat Pleasant (/city/seat-pleasant-maryland)	4,738	-3.1%
5035	Capitol Heights (/city/capitol-heights-maryland)	4,514	9.6%
5036	Denton (/city/denton-maryland)	4,512	46.2%

7988	Oakland (/city/oakland-maryland)	1,815	-16.0% ↕
8173	Westport (/city/westport-maryland)	1,726	-17.7% ↕
8345	Ridgely (/city/ridgely-maryland)	1,657	21.0% ↕
8392	Landover Hills (/city/landover-hills-maryland)	1,636	6.5% ↕
8628	Hancock (/city/hancock-maryland)	1,529	-12.2% ↕
8648	Fairmount Heights (/city/fairmount-heights-maryland)	1,522	0.7% ↕
8730	Edmonston (/city/edmonston-maryland)	1,490	11.2% ↕
8773	Pittsville (/city/pittsville-maryland)	1,474	24.4% ↕
8831	Colmar Manor (/city/colmar-manor-maryland)	1,454	15.4% ↕
8986	New Windsor (/city/new-windsor-maryland)	1,398	7.2% ↕
9090	Cottage City (/city/cottage-city-maryland)	1,356	19.2% ↕
9319	Morningside (/city/morningside-maryland)	1,279	1.9% ↕
9339	Rock Hall (/city/rock-hall-maryland)	1,274	-9.0% ↕
9346	Somerset (/city/somerset-maryland)	1,273	12.9% ↕
9365	Woodsboro (/city/woodsboro-maryland)	1,269	49.6% ↕
9516	Keedysville (/city/keedysville-maryland)	1,221	140.8% ↕
9601	Charlestown (/city/charlestown-maryland)	1,196	16.0% ↕
9910	Lonaconing (/city/lonaconing-maryland)	1,107	-7.9% ↕
9945	Hebron (/city/hebron-maryland)	1,096	30.0% ↕
10114	Garrett Park (/city/garrett-park-maryland)	1,049	14.0% ↕
10144	St. Michaels (/city/st-michaels-maryland)	1,040	-13.7% ↕
10258	Willards (/city/willards-maryland)	1,009	7.1% ↕
10299	Trappe (/city/trappe-maryland)	1,000	-18.0% ↕
10330	Martin's Additions (/city/martin-s-additions-maryland)	993	13.2% ↕

View Biggest Maryland Cities From Different Years

1800s	1840 (/md/1840) 1850 (/md/1850) 1860 (/md/1860) 1870 (/md/1870) 1880 (/md/1880) 1890 (/md/1890)
1900s	1900 (/md/1900) 1910 (/md/1910) 1920 (/md/1920) 1930 (/md/1930) 1940 (/md/1940) 1950 (/md/1950) 1960 (/md/1960) 1970 (/md/1970) 1980 (/md/1980) 1990 (/md/1990)
2000s	2000 (/md/2000) 2001 (/md/2001) 2002 (/md/2002) 2003 (/md/2003) 2004 (/md/2004) 2005 (/md/2005) 2006 (/md/2006) 2007 (/md/2007) 2008 (/md/2008) 2009 (/md/2009)



Regulatory Standards in the Design
Physicians Surgery Center of Frederick Expansion Project
81 Thomas Johnson Drive
Frederick, Maryland
July 2, 2021 Page 1

2 July 2021

Dr. Scott Andochick
Andochick Properties
81 Thomas Johnson Court
Frederick, MD 21702

RE: Expansion and Renovation
of The Physicians Surgical Center of Frederick
81 Thomas Johnson Court
Frederick, MD 21702

MEDARCH Design Project 2035.01

Dear Dr. Andochick,

The expansion of the Physicians Surgery Center of Frederick, Maryland is summarized as follows:

1. The expansion is proposed at 11,222 square feet and is a single-story structure. Construction will be zoned separate of the existing building until the expansion area is totally complete and sterility can be achieved in all of the operating systems.
2. The Existing Building will be renovated at the conclusion of the expansion construction. The area of renovation is located adjacent to the expansion and involves 1,065 square feet. All renovation work will be subject to infection control containment and such containment will not be removed until sterility can be achieved by the existing operating systems.

Space use is summarized as follows:

Expansion Space

- The addition of two Class "C" Surgical Operating Rooms
- The addition of a Soiled Utility Work Room
- The addition of a Clean Sterilized Equipment/Instrument Storage
- The addition of a Class "A" Procedure Room.
- The addition of a recovery area for Pre-Opt and Post Opt activities consisting of 14- 10 feet by 10 feet bays with direct line of sight from the Nurses Station.
- Patient Accessible Toilet Rooms serving the Recovery Area.



Regulatory Standards in the Design
Physicians Surgery Center of Frederick Expansion Project
81 Thomas Johnson Drive
Frederick, Maryland
July 2, 2021, Page 2

Expansion Space continued:

- Doctor Patient Consulting Areas adjacent to the Recovery Area
- Support spaces for supplies, linens, and soiled storage
- Staff Toilet Room adjacent to the Recovery Area
- Patient Receiving and Waiting Room
- Reception and Administrative Area
- Covered Canopy over the entry for vehicular drop off
- Waiting area Toilet Room

Renovation Space

- The renovation of one Class "C" Surgical Operating Rooms
- The renovation of a clean and soiled utility room into a clean equipment/instrument storage room
- addition of a Soiled Utility Room
- The renovation of a corridor into a clean equipment room for larger pieces of equipment
- Renovation of the staff toilet room to add a shower and changing bench
- The renovation of Staff Changing Rooms for accessibility.

The expanded Sterile Surgery Center area is congruent to the existing Surgery Center area to achieve a continuous Surgery Corridor from each OR to the Recovery Area. Please refer to the attached plans for the layout of spaces and delineation of existing to the expansion.

The design of the Expansion area and renovated spaces has been designed in compliance to achieve Accreditation as noted below:

FACILITY GUIDELINES INSTITUTE: FGI 2018 Edition; Section 1, Chapter 2.1 *Common Elements*, and Chapter 2. *Outpatient Surgery Facilities*.

INTERNATIONAL BUILDING CODE: IBC 2015 Edition with Covenants as Adopted by the City of Frederick. ADA Accessibility as per ANSI A117.1.

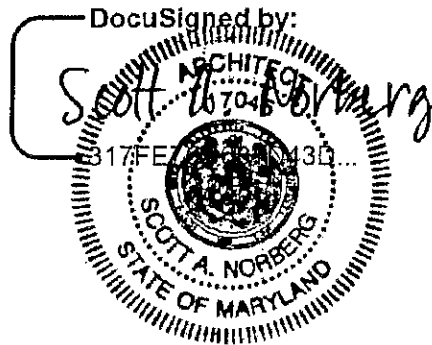
NATIONAL FIRE PROTECTION ASSOCIATION: NFPA 101, 99 2015 Edition with Covenants as Adopted by the State of Maryland.

Additional codes and standards, Such as NEC, Energy Conservation Code and others shall apply as the design is developed and completed.



Regulatory Standards in the Design
Physicians Surgery Center of Frederick Expansion Project
81 Thomas Johnson Drive
Frederick, Maryland
July 2, 2021, Page 3

The following Facility Standards Compliance summary has been designed by Scott A. Norberg, AIA LEED AP as a Registered Architect in the State of Maryland.

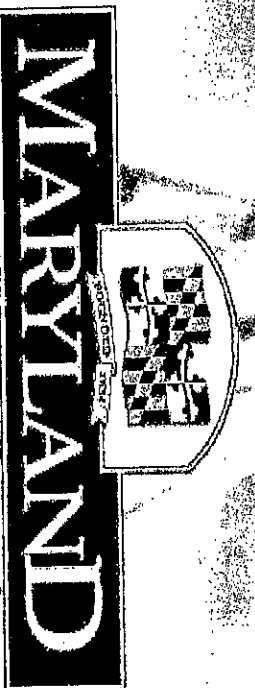


Please contact me pertaining to any design or architectural questions or concerns.
RESPECTFULLY SUBMITTED:

MEDARCH DESIGN PLLC

Scott A. Norberg, AIA, LEED AP

DATE: July 2, 2021



Department of the Environment

Radiation Machine Facility Registration and Certification

Pursuant to Title 8 "Radiation of the Annotated Code of Maryland, Environment Article, and in accordance with statements and representations heretofore made by the registrant, a certificate is hereby issued authorizing the registrant to possess and/or use the radiation machine(s) at the place authorized.

The registrant shall comply with COMAR 26.12.01 and Section B, 10 including changes of ownership, addition/deletion of radiation machines, relocation, and renovation.

The registrant shall comply with COMAR 26.12.02. Inspection and Certification of Radiation Machines. The application for certification must be submitted at least 45 days but no more than 180 days prior to the expiration date stated below.

Eva S. Nair

Eva S. Nair, Program Manager
Radiological Health Program
Air and Radiation Administration

Registration Number: 21-0445

Expiration Date: 7/1/2022

Authorized Place of Use: 81 Thomas Johnson Court • Frederick, MD 21702



Maryland
Department of
the Environment

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Ben Grumbles, Secretary
Horacio Tablada, Deputy Secretary

JUL 29 2020

Physician's Surgery Center of Frederick
81 Thomas Johnson Court
Frederick, MD 21702

CERTIFICATION APPROVAL
REGISTRATION #21-0445

Your request for certification approval of the x-ray machine(s) at the above address is approved. Enclosed is the Registration and Certification Certificate for your facility. This certificate must be posted in view of the public and be available at all times.

This certification expires **July 1, 2022**. The application for certification renewal must be submitted between **January 1, 2022** and **May 17, 2022**, which is at least 45 days but no more than 180 days prior to the expiration date. A list of certified machines, their numbers, and room identification is attached.

This approval does not relieve you of the responsibility to pay State fees for certification processing. Fees are due and payable immediately upon receipt of an invoice. Should you have any questions or require additional information, please contact the Radiation Machines Division in the Radiological Health Program at 410-537-3193 or 800-633-3101, ext. 3193.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Page".

Shannon Page, Division Chief
Radiation Machines Division
Radiological Health Program

SP/dlg

Enclosures (2): Certified Machine List
 Radiation Machine Facility Registration and Certification Certificate

CERTIFIED MACHINE LIST

Facility Name: Physician's Surgery Center of Frederick

Facility Address: 81 Thomas Johnson Court
Frederick, MD 21702

Facility Registration Number: 21-0445

The following machine(s) are certified for use at the above facility:

23080-A, 54406-A

Refer to the completed enclosed Radiation Machine Facility Registration Form (RX-1) for complete details on the type of machine, serial number and room location. This includes 2 machine(s) and 2 tube(s) for this facility.

Certified by dlq

1800 Washington Boulevard, Suite 750 • Baltimore Maryland 21230
1-800-633-6101 ext. 3193 • www.mde.maryland.gov • mdexray.submission@maryland.gov

1 Name of Facility Physicians Surgery Center of Frederick Telephone No. 240-215-3070

Fax No.: 301-620-0879 E-mail Address: (MANDATORY) shannon.magro@physiciansurgerycenter.net

81	Thomas Johnson Court		Frederick	MD	21702
2	Street Address (machine location)	Suite	City	State	Zip Code

3 Mailing Address (if different)	Suite	City	State	Zip Code
----------------------------------	-------	------	-------	----------

3A Billing Address (if different)	Suite	City	State	Zip Code
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[illegible]

I hereby certify that the information above is true and complete to the best of my knowledge.

Shannon Magro	Shannon Magro RN	04/20/20
Magro	Shannon Magro RN	04/20/20
Signature	Registrant's Name (print)	Date

Document and Date appropriate change to facility: REGISTRATION DOES NOT IMPLY APPROVAL OR DISAPPROVAL

Fill in applicable box below:

☐ New Facility ☒ Renewal ☐ Relocation ☐ Replacement of tube ☐ Additional tube ☐ Removal of tube ☐ Change of Ownership

Enter Facility Registration 21 - 0 4 4 5 (Date _____)

OFFICIAL USE ONLY

Reg. No.: 21 - 0445

Expiration Date

07, 01, 2022
M M D D Y Y

Initial of Approval:

inspector's #:

Date of Approval:

For Am. Rec'd:

Date Rec'd:

RX-1 Rec'd

MDE/ARMA/PERMIT#007 (MDE RX1)

Revised 7/18/19

TTY Users 1-800-201-7165

Recycled Paper



CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS
ANDOCHICK SURG CTR LLC DBA PHYS SURG C
81 THOMAS JOHNSON COURT
FREDERICK, MD 21702

CLIA ID NUMBER
21D0981377

EFFECTIVE DATE
12/26/2020

LABORATORY DIRECTOR
SCOTT E ANDOCHICK

EXPIRATION DATE
12/25/2022

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Amy M. Zale

Amy M. Zale, Acting Director
Division of Clinical Laboratory Improvement & Quality
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality

399 certa1_120120

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

ATT.B1



MARYLAND Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

*Office of Health Care Quality
Laboratories and Tissue Banks
55 Wade Ave Bland Bryant Bldg.
Catonsville, MD 21228*

LETTER OF PERMIT EXCEPTION NON - EXPIRING

EXCEPTION NUMBER: 000210

EFFECTIVE DATE: 07/01/2018

SCOTT E ANDOCHICK
ANDOCHICK SURG CTR LLC DBA PHYS SURG CTR FREDERICK
81 THOMAS JOHNSON COURT
FREDERICK, MD 21702

Dear Dr ANDOCHICK:

Under the provisions in Health -- General Article, Title 17, 205 and 212, of the Annotated Code of Maryland, and based upon information received from an on-site inspection and/or formal registration of the point-of-care laboratory named above, an exception to the permit requirements to operate a laboratory in Maryland is GRANTED, for the above period. Under this exception, the following tests and/or examinations may be performed in your laboratory:

Chemistry - Excepted:
Glucose (FDA Home Device)
Immunology - Excepted:
Urine Pregnancy Test

This letter of Permit Exception must be prominently displayed in your laboratory.

If you have any questions concerning this matter, or find that you wish to expand your laboratory's test menu beyond the tests allowed under this exception, contact Cheryl Sloan at (410) 402-8025.

Sincerely,

Paul Celli
Laboratory Certification Program Manager

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP1026764	03-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	HOSPITAL/CLINIC	02-18-2020
PHYSICIANS SURGERY CENTER OF FREDERICK 81 THOMAS JOHNSON CT, STE B FREDERICK, MD 21702-4674		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)



MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION
4201 PATTERSON AVE. BALTIMORE, MD 21215
Telephone number: 410-764-2890

19115012R

THIS CERTIFIES THAT THE APPLICANT LISTED BELOW IS REGISTERED TO DISPENSE
CONTROLLED DANGEROUS SUBSTANCES AS PER APPLICATION

This registration is granted pursuant to title 5 of the Criminal Law Article of the Annotated Code of Maryland, as amended from time to time and is subject to all applicable statutes, rules and regulations regarding Controlled Dangerous Substances.

CDS REG. NO.

1276772

04/30/2022

EXPIRATION DATE

PHYSICIANS SURGERY CENTER OF FREDERICK

81 THOMAS JOHNSON COURT

SUITE B

FREDERICK

MD

21702

MDH-1237

(Non Transferable)

Robert R. Neall

Robert R. Neall

Secretary of Department of Health
POST IN A CONSPICUOUS PLACE

Audrey P. Clark

Chief, Office of Controlled
Substances Administration



July 7, 2021

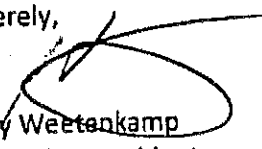
To whom it may concern:

Re: Dr. Scott Andochick

Dr. Scott Andochick and Andochick Surgical Center, LLC T/A Physicians Surgery Center of Frederick (PSCF) are both long time customers of the Bank. All their loans are handled in a satisfactory manner. Dr. Andochick and affiliated parties maintain a six-figure deposit relationship with the bank. All deposit accounts are handled in a satisfactory manner.

There has been some preliminary conversations /meetings with Dr. Andochick to discuss the build out project for the expansion of the surgical center.

Sincerely,


Harry Weetenkamp
Senior Vice President
FCB Bank a Division of ACNB Bank

ATT.E1

Financing Proposal

For

Dr. Scott Andochick

July 7, 2021

Presented by:

Harry Weetenkamp

Senior Vice President

Commercial Lender

PREPAYMENT:

2% for the term of the loan. The loan will **not** be subject to a prepayment premium if the prepayment is made via cash flow generated from normal business operations or by reason of sale of the subject property.

CONDITIONS:

- Receipt of annual Financial information from Borrower.
- Receipt of annual Financial information from Guarantors.
- Receipt and satisfactory review of Contract of Sale
- All expenses associated with documenting this facility will be the responsibility of the Borrower.
- A flood plain certification is required.
- Property is subject to a satisfactory Phase 1 Environmental Site Assessment of the collateral real estate indicating said property is free from all environmentally hazardous materials.
- A lender's title insurance policy satisfactory to the Bank in an amount equal to the amount of the mortgage is required insuring a good title to the collateral real estate free and clear of any liens or encumbrances.
- Satisfactory fire and hazard insurance is required naming FCB Bank, a division of ACNB Bank as mortgagee and payee approval of proposed facility subject to completion of final due diligence by Bank.
- Subject to the satisfactory review of the financial information required by Bank.
- Subject to receipt and satisfactory review of all applicable permits and needed approvals

*It is hereby expressly acknowledged and understood that the terms and conditions outlined herein are for discussion purposes only and not constitute final loan approval. Rather, if the foregoing terms and conditions as contained in the **Proposal** are acceptable to you, FCB Bank, A Division of ACNB Bank will seek approval and, **if approved**, will present to Borrower a formal commitment letter which will further detail the terms and conditions of the contemplated loan.*

On behalf of FCB Bank, a division of ACNB Bank, I thank you for the opportunity to present this financing proposal.

Harry Weetenkamp, Senior Vice President

If the terms of this proposal are acceptable to you, please execute a copy of the proposal and return to the undersigned. Upon acceptance, and if approved by FCB Bank, a Division of ACNB

LEASE AGREEMENT

THIS LEASE AGREEMENT (hereinafter "Lease") is made effective as of this 1st day of September, 2011 ("Effective Date") by and between ANDOCHICK PROPERTIES, LLC ("Landlord") and ANDOCHICK SURGICAL CENTER, LLC d/b/a PHYSICIAN'S SURGERY CENTER OF FREDERICK ("Tenant").

WITNESSETH

That for and in consideration of the mutual covenants hereinafter contained and for other good and valuable consideration, Landlord does hereby lease to Tenant, and Tenant does hereby rent and lease from Landlord, upon the following terms and conditions:

1. FUNDAMENTAL LEASE AGREEMENT PROVISIONS.

A. Lease Provisions. The following fundamental lease agreement provisions contained in this Section 1.A. have been prepared in such a manner as to provide to the users of this Lease a convenient place where all the variable information for this specific Lease may be located for easy use and reference. However, while the information in Section 1.A. is accurate, such information may require further explanation, definition, and information regarding its application in this Lease as between the parties; and such further explanation, definition, information and application must be obtained by further reference to those provisions in the Lease following Section 1.A., and the Exhibits attached to this Lease.

Specifics

- (1) Location of Building: *81 Thomas Johnson Court, Frederick, Maryland, 21702 (the "Building")*
- (2) Leased Premises: *5,834 square feet of the office space located in the Building as such is further shown and depicted on Exhibit A, which is attached hereto and incorporated herein (hereinafter, the "Leased Premises").*
- (3) Lease Guarantor: *None.*
- (4) Use of Leased Premises: *General Office and the operation of a multi-specialty ambulatory surgery center and for no other use.*
- (5) Lease Term: *One Hundred and Twenty Months (120) Months*
- (6) Lease Commencement Date: *January 1, 2013*
- (7) Lease Expiration Date: *December 31, 2022*
- (8) Option Terms: *Two (2), Five (5) year terms.*

alterations, all of which damage, replacement or repair shall be undertaken and completed by Tenant, at Tenant's expense.

If the Leased Premises are (a) rendered wholly untenable, or (b) damaged as a result of any cause which is not covered by insurance that is required to be maintained by Landlord hereunder, or if the Building is damaged to the extent of fifty percent (50%) or more of the rentable area, or if, for reasons beyond Landlord's control or by virtue of the terms of any financing of the Building, sufficient insurance proceeds are not available for the reconstruction or restoration of the Building or Leased Premises, then, in any such events, Landlord may elect to terminate this Lease by giving to Tenant notice of such election within ninety (90) days after the occurrence of such event. If such notice is given, the rights and obligations of the parties shall cease as of the date set forth in such notice, and the Minimum Rent and additional rent (other than any additional rent due Landlord either by reason of Tenant's failure to perform any of its obligations hereunder or by reason of Landlord's having provided Tenant with additional services hereunder) shall be adjusted as of the date of such termination.

If, within the ninety (90) day period set forth above, Landlord shall not have made an election to rebuild or to terminate this Lease as provided in the preceding paragraph, then Tenant may elect to terminate this Lease by giving to Landlord notice of such election within thirty (30) days following the expiration of such ninety (90) period. If such notice of termination is given by Tenant, the rights and obligations of the parties shall cease as of the date set forth in such notice, and the Minimum Rent and additional rent (other than any additional rent due Landlord either by reason of Tenant's failure to perform any of its obligations hereunder or by reason of Landlord's having provided Tenant with additional services hereunder) shall be adjusted as of the date of such termination.

Notwithstanding anything contained herein to the contrary, in the event the Landlord has not substantially completed any repairs or restoration to the Building as a result of a Casualty as required herein within two hundred seventy (270) days of the date of such Casualty, then Tenant shall have the option to terminate the Lease by providing the Landlord with ninety (90) days advanced written notice and this Lease shall terminate as of 11:59PM on the 90th day after such written notice unless Landlord shall substantially complete such repairs and restoration within such 90-day period, in which event this Lease shall not terminate and shall otherwise continue in full force and effect as if Tenant never issued its termination notice.

19. HOLD OVER OF TENANT. In no event shall continued possession of the Leased Premises after expiration of the Lease Term by the Tenant, with the agreement of the Landlord, be construed to be other than the beginning of a tenancy from month to month at the consent of the Landlord, unless the parties hereto prior to such expiration have entered into another written lease which by its terms commences upon expiration of this Lease. The said month-to-month tenancy shall be on the terms and conditions herein specified, so far as practicable, except that the monthly installment of Minimum Rent shall be one and one-half (1.5) times the monthly installment of Minimum Rent then in effect at the expiration of this Lease.

20. TERMINATION OF LEASE. If Tenant shall be in default of payment of rent or any other material condition of this Lease and such material default shall not be cured within ten (10) days of the due date therefor, then Landlord may serve upon Tenant notice of its intent to terminate this Lease and



CONSTRUCTION CHARACTERISTICS

6.23.2021

Description:

The expansion of the Physicians Surgery Center of Frederick is characterized by the following construction features and specifications:

Class of Construction: The expansion and renovation of the existing center is classified as a **Class "D"** construction. This single-story building is comprised of concrete slab on grade with wood framed wall and roof structure with masonry cladding on the exterior perimeter. All construction is one hour rated partitions and ceilings.

Type of Construction: The type of construction based upon structure, finishes, the operating MEP systems, emergency power and integrated medical gas systems places this facility in the **Good** category.

Number of Stories: 1

Project Space shall be 11,222 square feet of new construction and 1,065 of renovated space in the existing facility. All this square footage is on the first floor. Total area of expansion and existing building is 11,222 plus 8,500 for a total of 19,722 square feet.

Perimeter in Lineal Feet: The expansion project has 443.5 lineal feet, and the existing facility has 309.75 lineal feet for a total of 753.25 lineal feet.

Wall Height: is 10 feet on the expansion project and existing building.

Elevators: None as building is single story and access is on grade

Sprinklers and Fire Suppression. The facility at grade is not required to be protected by an NFPA Type 13 System per the NFPA 101 Life Safety Code and the IBC 2018 Building Code. The facility is equipped with type ABC Fire Extinguishers at appropriate locations.

Other Characteristics:

Continuous Power is supplied by an onsite generator and switch gear. Generator operation and testing is monitored at the nurse's station.

Nurse Call System is installed at all pre-opt/post-opt patient bays and monitored at the Nurse's station.

MED Gases are integrated in the facility and provided at all pre-opt/post-opt patient bays, surgical areas, and procedure rooms. Access to the MED Gas supply is restricted and accessed from the exterior of the building.

Type of HVAC System: The system is zoned with dedicated mechanical equipment serving the surgical areas to achieve the number of air changes per



hour, fresh air, and filtering through high and low return supply ducts. Other areas are supplied by separated units through a VAV distribution.

Type of Exterior Walls: Exterior walls are comprised of bearing on a concrete footing with 2 by 6 wood studs at 16 inches on center with plywood sheathing applied to the exterior face covered by a moisture and air barrier with brick veneer anchored to the framing with a one-inch air space. Stud cavities are filled with glass fiber insulation with a value of R-25 or greater. One layer of type "X" 5/8 gypsum wallboard is applied and finished on the interior face and the underside of trusses. Truss cavities and attic is insulated with R-40 mineral wool. Attic contains draft stops as required.

Frederick Office Rent Price & Sales Report

2020 Office Space Rent & Sales

- \$19.81 2020 Avg. Asking Rent
- -4.76% Y-o-Y Avg. Asking Rent Change
- 17.22% 2020 Office Vacancy Rate
- \$63.8M 2020 Total Office Sales
- 157.71 Avg. Sale Price/Sqft

Frederick Maryland office price per square foot in 2020 was \$19.81 on average. This marked a -4.76% change in office space price per square foot compared to the previous year. The local office market recorded an average vacancy rate of 17.22% across all asset classes combined. The 3 transactions that closed here throughout 2020 amounted to a total sale volume of \$63.8M. Frederick office space commanded an average sale price per square foot of \$157.71.

Average Rent by Office Class

2020 Average Office Rent per Square Foot

- Frederick Class B Office Space \$19.81
- Maryland Class A Office Space \$32.41***
- Maryland Class B Office Space \$25.12
- Maryland Class C Office Space \$19.46

Frederick, MD Office Asking Rents by Class

Class A. The highest-quality office spaces on the market are considered **Class A**. Generally speaking, these spaces are newly constructed and have been outfitted with top-of-the-line fixtures, amenities, and HVAC and technological systems.